



## Application for Employment

CITY OF LONG LAKE

450 Virginia Avenue, PO Box 606

Long Lake, MN 55356

[www.longlakemn.gov](http://www.longlakemn.gov)

Phone / 952-473-6961

Date Received

Staff Initials

We welcome you as an applicant for employment. It's our policy to provide equality of opportunity in employment. This policy prohibits discrimination on the basis of race, creed, color, age, religion, gender, sexual orientation, marital status, status with regard to public assistance, national origin, genetic information, or disability in all aspects of our personnel policies, programs, practices and operations. Refer to the *Applicant Data Practices Advisory* for guidance regarding how your application information will be used, the consequences of providing or not providing your information, and more. *Incomplete applications may be disqualified from consideration of employment. Please complete the application form in its entirety, and please PRINT plainly/legibly.*

### Personal Information

Name (First, Middle, Last) \_\_\_\_\_

Residence Street Address \_\_\_\_\_

Residence City, State Zip \_\_\_\_\_

Other Address (If Applicable) \_\_\_\_\_

Daytime / Cell Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Email Address \_\_\_\_\_ Date Available for Work \_\_\_\_\_

Position Applying For \_\_\_\_\_

Are you 18 years of age or older? ☐ YES ☐ NO

Are you legally eligible to work in the US? ☐ YES ☐ NO

### Education & Experience

Highest Grade Completed	High School (Circle One) [9] [10] [11] [12]	College (Circle if Applicable) [13] [14] [15] [16]	Graduate School (If Applicable) [1] [2] [MA] [PHD] [JD]
High School Name & Address			Did you graduate / receive a GED? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>SCHOOLS</b>			
Type	Name / Location	Degree	Major Course of Study
Vocational / Technical			
College / University			
Graduate			
Other			
Please summarize coursework, training and continuing education related to the position for which you're applying:			

List any trade / professional licenses or certificates (please include date issued and expiration date):

**Skilled Trade Experience**

Please list the machinery and equipment you've operated and the number of years of experience.

**Office Equipment / Computer Software Experience**

Please list the office equipment and computer software you can operate proficiently and the number of years of experience.

***Driver's License Information***

Do you have a valid driver's license? [ ] YES [ ] NO If YES, which State? \_\_\_\_\_

Class? [ ] A [ ] B [ ] C [ ] D Endorsements \_\_\_\_\_

Driver's License # \_\_\_\_\_

Please be advised that if the position you're applying for requires a driver's license, failure to maintain that license constitutes a failure to meet the minimum requirements for the position and may result in employment termination.

***Additional Information Required for Background Check***

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Any maiden name and/or alias(es) used \_\_\_\_\_

Please list former home address(es) – other than your current address – where you've resided over the past 10 years.

1. Prior Residence Street Address \_\_\_\_\_

Prior Residence City, State Zip \_\_\_\_\_

2. Prior Residence Street Address \_\_\_\_\_

Prior Residence City, State Zip \_\_\_\_\_

***Volunteer or Community Activities***

Organization	Activity	Contact Name & Phone #

## Employment History

List present and previous employment information below, beginning with your most recent/current employer.

Name & Address of Company	From	To	Supervisor Name
	Month / Year	Month / Year	
			Supervisor Phone #
			May we contact this employer for information regarding your prior work experience? <input type="checkbox"/> YES <input type="checkbox"/> NO
			Describe the work you performed:
Job Title / Position			
Reason for Leaving			

Name & Address of Company	From	To	Supervisor Name
	Month / Year	Month / Year	
			Supervisor Phone #
			May we contact this employer for information regarding your prior work experience? <input type="checkbox"/> YES <input type="checkbox"/> NO
			Describe the work you performed:
Job Title / Position			
Reason for Leaving			

Name & Address of Company	From	To	Supervisor Name
	Month / Year	Month / Year	
			Supervisor Phone #
			May we contact this employer for information regarding your prior work experience? <input type="checkbox"/> YES <input type="checkbox"/> NO
			Describe the work you performed:
Job Title / Position			
Reason for Leaving			

## ***Military Experience***

Did you serve in the US Armed Forces? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If NO, please move on to the next section.)</i>
Please describe your duties:
Do you wish to apply for Veterans' Preference points? <input type="checkbox"/> YES <input type="checkbox"/> NO
If you answered YES, you must complete the application for Veterans' Preference points (see last page), and submit the form and required documentation to the City of Long Lake by the application deadline of the position for which you're applying in order for this application to be considered complete.

## ***Additional Information***

*In the space provided below, please provide any additional information the City of Long Lake should be aware of in considering your employment. You are also invited to attach copies of certifications or letters of reference to your completed application.*

*In the space provided below, please indicate how you heard about this position.*

## ***Applicant Signature***

I certify that all information I've provided in this application for employment is true and complete to the best of my knowledge. I agree and understand that any false statements or omission of information contained in this application or any supplemental materials I submit may disqualify me from further consideration for employment or result in immediate dismissal if discovered at a later date.

I acknowledge that none of the statements made in this application are intended to be, nor should be construed as a contract between the City of Long Lake and myself.

I authorize the City of Long Lake to verify the information I've provided in this Employment Application.

I hereby authorize all current and previous employers to release job-related information to the City of Long Lake; however, I understand that if, in the Employment Record section, I have answered "No" to the question "May we contact your present employer?", contact with my current employer will not be made without my specific authorization.

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*Signature*

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*Printed Name*

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*Date*

**\*\* PLEASE READ, SIGN AND SUBMIT WITH YOUR APPLICATION FOR EMPLOYMENT \*\***

### ***Notice of Drug & Alcohol Policy***

The City of Long Lake generally prohibits the use and possession of drugs and alcohol at work. It also prohibits being at work under the influence of drugs or alcohol. This policy applies to all employees and employment applicants. You have the right to refuse to be tested for drugs or alcohol; however, such refusal may result in discharge of your employment.

### ***Fire Department Applicants***

You're being asked to supply background data relative to your application for employment with the Long Lake Fire Department. Such data, along with the completion of physical and psychological exams as well as an agility test, will be used to determine your fitness for the position. This information may be shared with Fire Department staff, City staff, and City elected officials.

### ***Applicant Data Practices Advisory***

In accordance with the Minnesota Government Data Practices Act, the City of Long Lake is required to inform you of your rights as they pertain to the private information collected from you. Private data is information which is available to you, but not to the public. The personal information we collect about you through this Employment Application is private.

According to Minn. Stat. § 13.04, the City must advise you of the following.

#### ***Purpose and intended use of the data:***

The City collects this information for purposes of selecting a candidate for hire. Your data will be used to distinguish you from other applicants and identify you in our personnel files; to enable us to verify that you are the individual who has made the application; to enable us to contact you when additional information is required, send you notices and/or schedule you for interviews; to determine if you meet the minimum age requirements (if any); to conduct proper criminal background checks, including using the BCA's website; to determine whether or not your conviction record may affect your suitability for the position you applied for; to meet federal and state reporting requirements; and to make processing more efficient. City consultants, City staff, public safety personnel, and elected officials involved in the hiring process will have access to the data provided. Data may be shared upon court order or provided to the state or legislative auditor, upon request.

#### ***Whether you may refuse or are legally required to supply this data:***

Furnishing social security numbers, date of birth (unless a minimum age is required for the position), gender, age group, and disability data is voluntary; however, in general, an incomplete application or refusal to supply other requested information may result in immediate disqualification from consideration for a position.

#### ***Consequences arising from supplying or refusing to supply this data:***

We take pride in hiring the best candidates, but we can't do this without a complete application. The more complete the application, the better your chances of conveying to the City that you are the best candidate for the job. Except for explicitly optional requested information, refusal to provide a complete application may result in immediate disqualification from consideration for a position.

Minors submitting this application have the right to request that parental access to private data be denied. If you wish to make this request, please submit the request in writing to the City Administrator.

***Witness my signature that I fully understand the contents of this warning.***

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*Signature*

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*Date*

## Veterans' Preference

**Complete this form only if you're claiming Veterans' Preference.** Veterans' Preference points cannot be considered without supporting documentation. Attach copy of Veteran's DD214, Copy 4, or other documentation verifying military service. Documentation must be received by the application deadline of the position posting in order to be considered. NOTE: Veteran is defined by Minn. Stat. 197.447.

You must submit a PHOTOCOPY of your "Member Copy 4" of your DD214 or other documentation verifying service to substantiate the services information requested on the form. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your "Member Copy 4" of your DD214, or other documentation verifying service, contact your County Veterans' Service Office.

The City of Long Lake operates under a point preference system, which awards points to qualified veterans to supplement their application. Ten (10) points are granted to non-disabled veterans on open competitive examinations; 15 points are awarded if the veteran has a service connected compensable disability as certified by the US Department of Veterans Affairs (USDVA).

To qualify for preference for a competitive exam, you must have earned a passing score and been separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days, or by reason of disability incurred while serving on active duty, or after having served the full period called or ordered for federal, active duty and be a United States citizen or resident alien. Veteran's preference may be used by the surviving spouse of a deceased veteran, who died on active duty or as a result of active duty, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

To qualify for preference on a promotional exam, a veteran must have earned a passing exam score and received a USDVA active duty service connected disability rating of 50% or more. For a promotional exam, a qualified disabled veteran is entitled to be granted 5 points. Disabled veterans eligible for such preference may use the five points preference only for the first promotion after securing employment with the City of Long Lake.

Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If the "Member Copy 4" DD214, or other documentation verifying service, is submitted to our office separate from this sheet, it must be received within 7 days of the application deadline. Please attach a note with it indicating the position for which you are applying.

### **VETERAN (10 points):**

*"Member Copy 4" of DD214 or DD215, or other documentation verifying service, must be submitted to receive points.*

Honorably discharged veteran – [ ] YES [ ] NO

### **DISABLED VETERAN (15 points):**

*"Member Copy 4" of DD214, or other documentation verifying service, and USDVA letter of disability rating decision of 10% or more must be submitted to receive points.*

Percent of Disability - \_\_\_\_%

Have you ever been promoted within the City of Long Lake's employment? [ ] YES [ ] NO

### **SPOUSE OF DECEASED VETERAN (10 points, or 15 if the veteran was disabled at time of death):**

*"Member Copy 4" of DD214 or DD215, or other documentation verifying service, photocopy of marriage certificate, spouse's death certificate and proof veteran died on or as a result of active duty must be submitted to receive points. You're ineligible to receive points if you have remarried or were divorced from the veteran.*

Date of Death \_\_\_\_\_

Have you remarried? [ ] YES [ ] NO

### **SPOUSE OF DISABLED VETERAN (15 points):**

*"Member Copy 4" of DD214 or DD215, or other documentation verifying service, and USDVA letter of disability rating decision of 10% or more must be submitted to receive points.*

How does Veteran's disability prevent performance of a stated job "requirement"? Due to the veteran's service-connected disability the veteran is unable to qualify for this position because (be specific in the space provided below):

**AFFIDAVIT:** I hereby claim Veterans' Preference points for this examination and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby acknowledge that I'm responsible to obtain the required Veterans' Preference verification documents and submit them to the City of Long Lake within 7 days of the required application deadline.

Signature \_\_\_\_\_

Date \_\_\_\_\_